

Foster Family Home - Corrective Action Report

Provider ID: 1-170067

Home Name: Edna S. Leano, CNA

Review ID: 1-170067-2

94-401 Loaa Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 10/15/2018

End Date: 10/15/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/15/18.

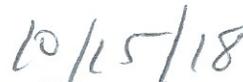
6.(d)(1) - Home in compliance with all requirements. PCG requests 1 year certification. Home will receive a 1 year 2 bed certification.



Compliance Manager



Primary Care Giver



Date



Date